



## CUSTOMER COMPLAINTS FORM

(Tel +264 (61) 283 5143 /5339/ 5041 Fax: +264 61 2835067)  
(E-mail: [complaints@bon.com.na](mailto:complaints@bon.com.na) / website: [www.bon.com.na](http://www.bon.com.na))  
(P.O. Box 2882 Windhoek, 71 Robert Mugabe Avenue)

### 1. Complaints requirements

*(Make a cross in each appropriate block to confirm that your complaint meets the below mentioned requirements.) If not please contact us before sending the form.*

Details	Yes
The complaint is lodged against a registered institution licensed and fall under the mandate of Bank of Namibia	
The complaint was formally lodged in writing with the banking institution's complaints department and is not resolved.	
The complaint is not the subject of any legal proceedings	
The complaint has not been dealt with by a dispute –resolving body, e.g. court	
I have attached the written complaint I sent to the banking institution and the banking institution's response (if received	

## 2. Complainant's Personal Details

Surname: -----

Full Names: -----

Contact Details: Cell: -----

Work: -----

Home:-----

Email: -----

Postal Address: -----

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## 3. If the complaint is on behalf of someone else, please insert your personal details and provide the particulars of the person whom the complaint is laid against.

Do you have consent to complaint on behalf of the complainant?

☐ yes

☐ no

Surname: -----

Full Names: -----

Contact Numbers: Cell: -----

Work: -----

Home:-----

Postal Address: -----

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**4. Indicate the institution against whom the complaint is lodged**

Name: -----

Account number: -----

Account type (savings, cheque, overdraft, etc): -----

Name of contact person: -----

Contact details: -----

**5. Details of complaints**

Please set out your complaint below, stating only the relevant facts, including dates, times, places and names. You can attach a separate page if you need more space. Attach copies of all documents supporting your complaint.

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**6. Briefly state what outcome you hope to achieve.**

(For example: *I would like the institution to refund the amount of N\$ 500.00*)

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**7. Indicate action taken by the complainant to resolve the issue**

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**8. How I learnt about the Bank of Namibia handling of customer complaint**

Avenues	Tick
Radio	
Television	
Newspaper	
Friend / Family	
Other: specify	

## 9. Declaration

By my signature below, I hereby agree that my complaint be dealt with by the Bank in terms of the Guidelines for Lodging Customer Complaints. The information provided by me in this form is, to the best of my knowledge, true and correct. I understand that the submission of a false claim may constitute the crime of fraud.

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**Signature**

-----  
**Print Name**

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**Date**

## 10. Please check that you have completed the following:

- Signed and dated the form
- Filled out all sections of the form
- Attached all relevant document